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1633 #

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/320,767	
	Filing Date	05/27/1999	
	First Named Inventor	Giannoukakis	
	Group Art Unit	1633	
	Examiner Name	Sorrello, E.	
Total Number of Pages in This Submission		Attorney Docket Number	A32362 072396.0174

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Executed Declaration of Dr. Paul Robbins
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks <input type="checkbox"/>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112
Signature	<i>Carmella L. Stephens</i> Att Name: Carmella L. Stephens PTO Reg: 41,328
Date	September 25, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>September 25, 2002</u>			
Typed or printed name	Carmella L. Stephens		
Signature	<i>Carmella L. Stephens</i>	Date	September 25, 2002

BAKER BOTTS LLP

Attorney Docket Number: A32362 072396.0174

Title:

GENE TRANSFER TO PANCREATIC CELLS FOR PREVENTION OF ISLET DYSFUNCTION

Use Space Below for Additional Information:



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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

(\$ 460)

Complete if Known

Application Number	09/320,767
Filing Date	05/27/1999
First Named Inventor	Giannoukakis
Examiner Name	Sorrello, E.
Group Art Unit	1633
Attorney Docket No.	A32362 072396.0174

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number 02-4377 Deposit Account Name Baker Botts LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee (\$)	Fee (\$)		
740	370	Utility filing fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	
SUBTOTAL (1) (\$ 0)			
2. EXTRA CLAIM FEES			
Total Claims <input type="text"/> - 20 ** = <input type="text"/> 0 x <input type="text"/> Fee from below = <input type="text"/> 0			
Independent Claims <input type="text"/> - 3 ** = <input type="text"/> 0 x <input type="text"/> Fee from below = <input type="text"/> 0			
Multiple Dependent Claims <input type="text"/> = <input type="text"/>			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee (\$)	Fee (\$)		
18	9	Claims in excess of 20	
84	42	Independent claims in excess of 3	
280	140	Multiple dependent claim, if not paid	
84	42	** Reissue independent claims over original patent	
18	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$ 0)			
*or number previously paid, if greater; For Reissues, see above			
		Other fee (specify) _____	
		SUBTOTAL (3) (\$ 460)	
		*Reduced by Basic Filing Fee Paid	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Carmella L. Stephens	Registration No. (Attorney/Agent)	41,328
Signature	<i>Carmella L. Stephens</i>	Telephone	(212) 408.2539
		Date	September 25, 2002

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Attorney Docket Number: A32362 072396.0174

Title: GENE TRANSFER TO PANCREATIC CELLS FOR PREVENTION OF ISLET DYSFUNCTION

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